

BEST AVAILABLE COPY

MULTIPLE DEDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.				
1.	/	/			51			
2.	/	/			52			
3.	/	/			53			
4.	/	/			54			
5.	/	/			55			
6.	/	/			56			
7.	/	/			57			
8.	/	/			58			
9.	/	/			59			
10.	/	/			60			
11.	/	/			61			
12.	/	/			62			
13.	/	/			63			
14.	/	/			64			
15.	/	/			65			
16.	/	/			66			
17.	/	/			67			
18.	/	/			68			
19.	/	/			69			
20.	/	/			70			
21.	/	/			71			
22.	/	/			72			
23.	/	/			73			
24.	/	/			74			
25.	/	/			75			
26.	/	/			76			
27.	/	/			77			
28.	/	/			78			
29.	/	/			79			
30.	/	/			80			
31.	/	/			81			
32.	/	/			82			
33.	/	/			83			
34.	/	/			84			
35.	/	/			85			
36.	/	/			86			
37.	/	/			87			
38.	/	/			88			
39.	/	/			89			
40.	/	/			90			
41.	/	/			91			
42.	/	/			92			
43.	/	/			93			
44.	/	/			94			
45.	/	/			95			
46.	/	/			96			
47.	/	/			97			
48.	/	/			98			
49.	/	/			99			
50.	/	/			100			
TOTAL IND.					TOTAL IND.			
TOTAL DEP.					TOTAL DEP.			
TOTAL CLAIMS					TOTAL CLAIMS			